

VENDOR LEASE MANAGEMENT GROUP
1719 Route 10 East, Ste 306, Parsippany, NJ 07054
Phone (973) 292-0025 Fax (973) 292-0019

CUSTOMER CREDIT INFORMATION

Legal Company Name: _____ Years in Business: _____ Term: _____
Address: _____ State of Incorp.: _____ Lease Option: _____
Phone: _____ Federal Tax ID#: _____
Fax: _____ EQUIP LOCATION Add: _____
Contact: _____ (If different than above) _____
E-mail Address: _____ COUNTY: _____
Location Contact: _____

BUSINESS OWNERSHIP

Name: _____ Home Address: _____
Social Security #: _____
Ownership %: _____ Home Phone: _____
Name: _____ Home Address: _____
Social Security #: _____
Ownership %: _____ Home Phone: _____
List Others Separately: _____

BANK REFERENCE

Name: _____ Contact: _____
Address: _____
Phone: _____ Checking Acct # _____
Fax: _____ Savings Acct # _____
Loan Acct # _____

TRADE REFERENCES

Company Name: _____ Contact: _____
Address: _____ Phone: _____
Account Number: _____ Fax: _____
Company Name: _____ Contact: _____
Address: _____ Phone: _____
Account Number: _____ Fax: _____
Company Name: _____ Contact: _____
Address: _____ Phone: _____
Account Number: _____ Fax: _____

I/We herby authorize the release of any and all credit information from the above listed references, and certify that all is true and correct to the best of my/our knowledge. The undersigned individual(s), recognizing that his/her/their individual credit histories may be a factor in the evaluation of the credit applicant, hereby consent(s) to and authorizes(s) the credit provider to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Signature _____ Title _____ Date _____ Signature _____ Title _____ Date _____